

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Scholten for Congress

A. Full Name (Last, First, Middle Initial) Kidd, Pamela, , , Mailing Address 9501 Whispering Sands Dr City West Olive State MI Zip Code 49460-9377 FEC ID number of contributing federal political committee. C Name of Employer NA Occupation Retired Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 10 13 2019 Transaction ID : VVC8RQ2DX24 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
B. Full Name (Last, First, Middle Initial) Kivel, Rhonda, , , Mailing Address 1935 Summerlook Dr SE City Caledonia State MI Zip Code 49316-8478 FEC ID number of contributing federal political committee. C Name of Employer L3 Aviation Products Occupation Engineer Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 195.00			Date of Receipt M M / D D / Y Y Y Y Y 10 13 2019 Transaction ID : VVC8RQ2D601 Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item * Earmarked Contribution: See Below
C. Full Name (Last, First, Middle Initial) ActBlue Mailing Address PO Box 441146 City West Somerville State MA Zip Code 02144-0031 FEC ID number of contributing federal political committee. C Name of Employer Conduit total listed in Agg. field Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 75886.99			Date of Receipt M M / D D / Y Y Y Y Y 10 06 2019 Transaction ID : VVC8RQ2D601E Amount of Each Receipt this Period 5.00 <input checked="" type="checkbox"/> Memo Item Note: Above Contribution earmarked through this organization.
SUBTOTAL of Receipts This Page (optional)..... ▶			505.00
TOTAL This Period (last page this line number only)..... ▶			